

Handwritten initials/signature



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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/520,123-Conf. #9693
		Filing Date	September 28, 2005
		First Named Inventor	Michael Stepputat et al.
		Examiner Name	A. Nur
		Art Unit	2877
TOTAL AMOUNT OF PAYMENT		(\$)	120.00
		Attorney Docket No.	31583-211826

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: 22-0261
 Deposit Account Name: Venable LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims Extra Claims Fee (\$) Fee Paid (\$)
 Multiple Dependent Claims Fee (\$) Fee Paid (\$)

17 - 20 = 0 x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

2 - 3 = 0 x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

_____ - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00

SUBMITTED BY			
Signature	<i>Henry J. Daley</i>	Registration No. (Attorney/Agent)	42,459
Name (Print/Type)	Henry J. Daley	Telephone	(202) 344-4362
		Date	October 26, 2007

#903960



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
31583-211826

In re Application of

Michael STEPPUTAT et al.

Application Number

10/520,123

Filed

September 28, 2005

For **METHOD AND DEVICE FOR CARRYING OUT EMISSION SPECTROMETRY**

Group Art Unit
2877

Examiner
Abdullahi Nur

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

10/29/2007 CNGUYEN2 00000076 220261

10520123

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

01 FR 1251

120.00 DA

- ☒ One month (37 CFR 1.17(a)(1)) **\$ 120.00**
☐ Two months (37 CFR 1.17(a)(2)) \$
☐ Three months (37 CFR 1.17(a)(3)) \$
☐ Four months (37 CFR 1.17(a)(4)) \$
☐ Five months (37 CFR 1.17(a)(5)) \$

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: _____
☐ A check in the amount of the fee is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number **22-0261**

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

- ☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

- ☒ attorney or agent of record.
☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

October 26, 2007

Date

Signature

Henry J. Daley, Ph.D.

Reg. No. 42,459

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 form is submitted.